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ABSTRACT

The concept of adult children of alcoholics (ACoA) has received wide public recognition and acceptance. An ACoA is defined as any adult who, as a child, was reared by one or two alcoholic parents. To date research has not sufficiently addressed the many questions generated by the grass roots movement, such as whether or not adult children of alcoholics take themselves too seriously or whether or not they have difficulty having fun. Four research areas useful to educators, therapists, and adults raised by alcoholic parents are transmission of alcoholism, family disruption, personality, and general studies of adaptation. Adults who were raised by alcoholic parents have had different developmental experiences than adults who were not raised by alcoholic parents. Adult children of alcoholics are considered a population at risk. Group therapy and family therapy are two treatments currently being used with ACoAs. Issues brought forth by grass roots movements need to be substantiated before valuable prevention resources are invested. The treatment industry needs to be evaluated. Changing patterns of alcoholism also need to be investigated. (Resources for adult children of alcoholics are listed.) (ABL)

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Adult Children of Alcoholics: Theory and Research

by

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Adult Children of Alcoholics: Theory and Research

INTRODUCTION

This pamphlet is the second in a series addressing the current theory and research about children of alcoholics. In the first, we reviewed several topics centered on school-aged children of alcoholics (Johnson and Bennett, 1988). In this second pamphlet we will focus on adults who were once raised by alcoholic parents. The perspectives discussed in the first booklet are still germane to this second one and their themes are noticeable throughout. Before reviewing some selective areas of research, we will briefly describe the elements of a grass roots movement which has generated much interest in the topic of adult children of alcoholics.

Adult Children of Alcoholics

The concept of "adult children" of alcoholics (ACoA) has received wide public recognition and acceptance. Its origins can be traced to developments begun at the grass roots level in the early 1980s (Gravitz and Bowden, 1987; Worden, 1984). The ACoA movement has a flourishing membership and multiple publications, and is represented by several prominent organizations. The National Association of Children of Alcoholics and the Children of Alcoholics Foundation, Inc., are only two of the many growing organizations whose combined memberships reach towards the thousands.

According to one definition, an "adult child" of an alcoholic is "any adult who, as a child, was reared by one or two alcoholic parents" (Ackerman, 1987, p. 1). Gravitz and Bowden (1987) extend this definition to suggest that an adult child of an alcoholic is anyone "who comes from a family (either the family of origin or the family of adoption) where alcohol abuse was a primary and central issue" (p. 7). Ackerman furthermore suggests that, "the largest single group of children of alcoholics in the United States are now adults." These people are "adult children" of alcoholics (1986, p. 173).

The concept of "adult child" is an interesting phenomenologic comment on the basic premises of the grass root movement. In actuality, at any given point in human development, one is either an adult or a child and cannot be both simultaneously. To be an "adult child" contradicts many theories of maturation; yet this phrase im-

plicitly contains two of the main messages of the movement. First, growing up in an alcoholic family often results in the loss of a normal childhood. Many ACoAs have written poignant and painful accounts about their childhood experiences. These stories recount the harsh memories of childhood and are frequently filled with tragic events ranging from neglect to severe sexual or physical abuse. Secondly, adults raised by alcoholic parents often write that they are still children inside, struggling to cope with the terror and shame of their childhood, doing to themselves what their parents did to them (Stamas, 1986). Marlin (1988) says it best: "Inside every adult child of an alcoholic is a frightened child who is terrified that things will go out of control" (p. 17).

Much of the presumed loss of childhood for an ACoA centers on the lack of expressive freedom, the inability to experience positive and spontaneous life events, and the need for control. Very frequently, an ACoA is described as directing "their efforts to control, to make everything perfect and ordered, as much inward as outward" (Marlin, 1988, p. 17). Indeed, common negative feelings among adult children of alcoholics centering on the theme of the loss of spontaneity and the inability to experience joyful expression have been proposed by Woititz (1983, 1986). She concludes that adult children of alcoholics have difficulty having fun and developing intimate relationships, take themselves too seriously, constantly seek approval and affirmation, and feel that they are different from other people.

Ackerman (1986) suggests, however, that not all adults raised by alcoholic parents are affected in the same way, nor do ACoAs all have similar outcomes. Among the many potential influences on outcome, Ackerman (1987) identifies gender and age of the parent or child at the time of alcoholic drinking, cultural values, the degree and type of parental alcoholism, and individual differences in the child's stress reaction and perception of the alcoholic's behavior. Seixas and Youcha (1985) extend this list to include: heredity, family rituals, birth order, availability of supportive relationships, socioeconomic strata, and family, ethnic, and community attitudes.

The grass roots movement has done a tremendous service to the many individuals who have been raised by alcoholic parents by bringing public attention to the multitude of problems related to growing up in an alcoholic home. Many of the participants in the movement have focused on treatment, prevention, intervention, and education for both school-aged and adult children of alcoholics. Several regional and national conferences have provided an invaluable opportunity by bringing together ACoAs for discussion and networking.

Part of the motivation for the many ACoA organizations and self-help groups is to give back to the adult child of an alcoholic that which they feel they have lost. These groups and organizations provide extensive sources of support and information for the ACoA. Many publications sponsored or written by the members of the movement discuss such issues as parenting skills, marital difficulties, and the resolution of old family conflicts.

Research on Adult Children of Alcoholics

To date, research has not sufficiently addressed the many questions generated by the grass roots movement, such as, whether or not adult children of alcoholics take themselves too seriously or whether or not they have difficulty having fun. While on the surface these observations make sense, in fact, these types of feelings and personal experiences are difficult to incorporate into testable, scientific hypotheses; but it can certainly be done.

Many of the messages from the grass roots movement, however, are congruent with available scientific theory and research. Factors affecting outcome described by Ackerman (1986) and Seixas and Youcha (1985) are classified in the scientific literature as problems relating to the heterogeneous pathways towards alcoholism. Heterogeneity can be either genetic or environmental and refers to the many different combinations of genes that children may inherit or the many different types of environments that children may experience. Ackerman (1986) also refers to the concept of "offsetting contributing factors." Offsetting contributing factors encourage adaptive outcomes in children of alcoholics and potentially guard the child of an alcoholic from maladaptive behavior. Ackerman's (1986) ideas, echoed by Miller and Tuchfeld (1986), are entirely consistent with the risk and protective factor model discussed in our first pamphlet.

Risk factors are those which increase the likelihood of future maladaptive behavior. They can be environmental (e.g., early or late timing of puberty). Research into risk factors examines biological, cognitive, or psychological measures in the hope that one or a combination of several will provide a risk marker, i.e., a particular attribute or a pattern of attributes that will indicate individuals who are most likely to become alcoholic.

Conversely, protective factors decrease the likelihood of maladaptive behavior and increase the likelihood for future positive adaptations, even though the individual has been challenged by stressful life events. Such factors help to protect or prevent the individual from the expression of disorders such as alcoholism. An example of a possible protective factor for a child of an alcoholic might be a positive nonalcoholic role model.

The lack of research about the many questions raised by the grass roots movement does not imply that these issues are insignificant. Undeniably, they represent important issues to recognize if we are to provide effective programs for the prevention of behavioral problems presumed to be related to growing up in alcoholic families. Unquestionably, however, more research is required to fully understand the relationship between growing up in an alcoholic home and adult personality and behavior. The power of the movement and the necessity for research has been elegantly reiterated by Brown (1986):

> As in many social movements, the sudden awareness, new legitimacy, and emotional intensity have been profoundly powerful and helpful for countless children and adults. The unfortunate side of this burst of awareness and interest is the lack of a solid clinical research and theoretic foundation that would offer direction for intervention and treatment (p. 207).

RESEARCH ON INDIVIDUALS WITH A FAMILY HISTORY POSITIVE FOR ALCOHOLISM

The research presented in the current pamphlet draws from the published reports available in the scientific literature. Traditionally, in scientific research, adults who have been raised by at least one alcoholic parent have been labeled as "family history positive" (FHP) instead of "adult children of alcoholics." Their personal family history is positive for alcoholism. Since we will be chiefly reviewing studies from the scientific literature, this pamphlet will follow a similar convention and refer to ACoAs as FHP individuals.

There are different types of studies of FHP individuals. Most of these studies compare FHP adults with adults who have a negative family history for alcoholism (FHN) because their parents were not alcoholic. There is a relatively large research literature on comparative studies of FHP adults, especially in view of the briefer research literature on school-aged children of alcoholics. The research on adults who are FHP encompasses family behavior (Steinglass, 1985), treatment (Barnard and Spoentgen, 1986; Miller and Tuchfeld, 1986), subjective and objective responses to different doses of alcohol (Newlin, 1985; O'Malley and Maisto, 1985; Pollock et al., 1986), neuropsychological functioning (Hesselbrock et al., 1985b), locus of control (Morrison and Schuckit, 1983), and gender-specific issues (Corder et al., 1984).

We have selectively highlighted four research areas we feel should be useful to educators, therapists, and adults raised by alcoholic parents. The four areas we include are: (1) transmission of alcohol-

ism, (2) family disruption, (3) personality, and (4) general studies of adaptation. In the first pamphlet, we presented several different guidelines for reviewing the research. These methodological guidelines will also be relevant for the following discussion.

In general, methodological problems in research on children of alcoholics limit the specificity of the findings. Specificity, in this case, refers to the ability of the data to distinguish offspring of alcoholics from other children, especially those from other dysfunctional families (e.g., divorced families) or those with other problems (e.g., chronic illness).

There are four general categories of methodological problems. The first includes problems with the assessment of parental alcoholism. In many studies, the type and severity of parental alcoholism is not differentiated, a distinction that would help us understand how various combinations of alcoholic parents affect behavioral outcomes in their children.

The second category involves problems related to sampling. First, biased samples of children of alcoholics are often studied. For example, many studies examine groups of juvenile offenders or children referred to guidance centers; these data only reflect children who are in treatment or in trouble. It is difficult to generalize from these samples to nontreatment populations. Second, normal developmental differences are ignored. Thus, subjects of wide age ranges and differing maturational or cognitive stages are combined into a single group.

The third category of methodological problems involves research design. Most studies of children of alcoholics are not longitudinal; that is, they examine behavior at one point in time for marker status or rely on retrospective data to infer causal chains. With cross-sectional data it is unclear whether we observe true deficits or merely developmental delay.

The fourth category involves behavioral assessment. Human behavior is determined by multiple factors; however, many studies only examine a single behavior at a single point in time. Studying just one behavior does not tell us anything about its relationship to other behaviors and leads to oversimplified causal reasoning. Similarly, the range of tests used for assessment is frequently very restricted; thus, it is difficult to get a full picture of potential deficits as well as an overall profile of strengths and weaknesses.

More importantly, many studies focus on deficits, or risk factors, and not on protective factors associated with alcoholism. Studies of competence among children of alcoholics would enable us to un-

derstand the role of protective factors in the development of adaptive behavior among children of alcoholics.

Transmission of Alcoholism

In our earlier pamphlet we briefly reviewed the research on the incidence of alcoholism across multiple generations of families. This topic is discussed in greater detail in the current pamphlet since it is more relevant to FHP adults and since studies of genetic and cultural factors in alcoholism transmission represent a substantial segment of the research on FHP adults (Hesselbrock et al., 1983; U.S. National Institute on Alcohol Abuse and Alcoholism, 1985).

Many studies underscore the familial nature of alcoholism and the fact that adult alcoholics very frequently have had alcoholic parents themselves. Cotton's 1979 review of 39 research reports on the family history of alcoholism among FHP adults in several countries, in particular, substantiates this pattern. She noted that one-third of any of the samples of alcoholics studied had at least one parent who was reportedly also alcoholic. Furthermore, the overall incidence of alcoholism was particularly high among families of alcoholics. Alcoholism, as a particular disorder, was specific to families of alcoholics, and other problems—such as depression—did not occur nearly as frequently as alcoholism in these families. Finally, alcoholism was more prevalent in male than in female relatives of alcoholics. For example, sons of alcoholic fathers in these studies were four times more likely to become alcoholic than sons of nonalcoholic fathers (Cotton, 1979; Midanik, 1983).

Researchers have traditionally taken one of two main approaches to studying the transmission of alcoholism: genetic or environmental. From the genetic perspective, a biologically determined inclination toward becoming alcoholic is considered to be the basic factor in transmission. In contrast, the environmental (or cultural) point of view places particular emphasis on the influence of social or familial values and behaviors regarding alcohol use as having a critical impact upon the development of alcoholism among the offspring of alcoholics. Today most alcohol researchers acknowledge the wisdom of a "multifactorial" framework for transmission in which genetic composition is seen as serving as a predisposing factor while particular cultural experiece constitutes a precipitating factor. Such researchers as Cloninger, Reich, Rice, Bohman, and Sigvardsson, in particular, have focused on the potential interaction of genetic and environmental variables in transmission. To date, however, the precise nature of the relationship between genetics and environment has not been determined.

Four types of studies have been conducted in order to test the hypothesis of a genetic component to familial alcoholism: family,

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twin, adoption, and half-sibling research (reviewed by Alterman and Tarter, 1986). In family studies a consistent pattern of high prevalence of alcoholism among first degree relatives is reported (e.g., Cotton, 1979; Goodwin, 1988). In interpreting the meaning of these results, it is important to keep in mind that although they support the idea of a biological predisposition in such families, they also suggest that family environment may play a critical role in transmission. We are still at a very embryonic stage of being able to tease out the relative influence of biology and culture in alcoholism etiology in families with generational patterns of alcoholism.

Studies of twins have shown that monozygotic twins are more often similar to each other than dizygotic twins with respect to being alcoholic or nonalcoholic (Hrubec and Omenn, 1981). As is the case with family studies, these results can be interpreted as being due to genetic influences, environmental influences, or both. According to a recent review by Sher, "a number of dimensions of alcohol-related behavior appear to be under genetic control, but...the extent of this influence appears modest. That is, environmental factors and gene [and] environment interactions play an important role" (Sher, 1987).

Adoption studies carried out in Denmark, Sweden, and Iowa provide the most convincing evidence for genetic influences on transmission (Goodwin et al., 1973, 1977; Bohman, 1978; Cloninger et al., 1981; Cadoret et al., 1980, 1987). In 1973 Goodwin and his colleagues reported that adopted sons whose biological parents were alcoholic were almost four times as likely to become alcoholic themselves, and that there was no sigificant relationship between alcohol abuse in the adoptive parents and adoptees. The significantly greater influence of the biologic parents compared to the adoptive parents in the development of alcoholism among the adoptees supported the argument of genetic transmission. These studies especially implicate biological contributions to alcoholism and alcohol-related problems among *male* adoptees. However, an important outcome of this research is the finding that children of alcoholics do not constitute a homogeneous group with respect to alcohol histories and diagnoses. Alcohol typologies deserve considerably more attention from researchers.

In attempting to clarify the relationship between genetic and environmental factors, Cloninger et al. (1981), Reich et al. (1981) and Rice et al. (1978) have proposed three types of models for analyzing epidemiological data: (1) polygenetic, which focuses on the genetic component; (2) cultural, which focuses on the cultural component; and (3) multifactorial, which takes into account both genetic and cultural factors. At this time, serious discussion is underway to design studies which will permit careful examination of potential biocultural influences upon transmission of alcoholism to FHP offspring.

Family Disruption

Most clinical and research reports on alcoholic families note disruptive effects of parental alcoholism upon family life and, in turn, ill effects upon the functioning of the offspring generation (e.g., Wilson and Orford, 1978). While much of this work primarily addresses the overall negative impact of parental alcoholism upon family environment, some studies have attempted to distinguish between relatively more disorganized and relatively undisrupted families in terms of the differential well being of the children in their adulthood (Bennett et al., 1987; Wolin et al., 1980; Steinglass et al., 1987).

With respect to the overall negative impact of parental drinking, family violence has been one area that has received considerable attention. According to a recent review by Sher (1987), while clinical reports have often indicated a strong connection between parental alcoholism and family violence, the empirical data give a highly inconsistent picture. The review by the Children of Alcoholics Foundation (Russell et al., 1985) came to the same conclusion. The fact that we cannot conclusively relate family violence to parental alcoholism is apparently due to several methodological problems in the research. Studies focusing first on family violence and secondly on incidence of parental alcoholism, as well as those beginning with the dynamics of alcoholic families and subsequent assessment of family violence, have both resulted in highly inconsistent rates of reported spouse and child abuse. Mayer and Black (1977), for example, report extremely wide ranging rates (2%-62%) of alcoholism among parents who have abused their children. Sher (1987) similarly found that the reported rate of child abuse among alcoholic parents varied from zero to 92%. It appears that, generally, among studies of children of alcoholics, the widespread beliefs on the association between parental alcoholism and family violence may have preceded any conclusive research.

Another area of research has been on family interaction and family environment, drawing primarily upon self-report data from families as well as from observational data. According to the self-report studies using the Family Environment Scale, alcoholic families report themselves to have higher levels of conflict than do nonalcoholic families. The drinking itself appears to be the primary factor in family disruption since it has also been found by Moos and Billings (1982) that nonalcoholic control and recovered alcoholic families did not differ significantly from each other with respect to family environment; however, they were both different from the currently drinking alcoholic families. Observations of alcoholic family interactions have been conducted in homes (e.g., Steinglass et al., 1987) as well as in the laboratory (e.g., Jacob and Seilhamer, 1987). Within the laboratory, alcoholic families have displayed relatively more hostile communication and greater difficulties in problem solving than have

nonalcoholic control families. However, "disturbed family interaction was not specific to alcoholic families and tended to characterize other problem families" (Sher, 1987, p. 24).

Location of drinking has also been found to be an important factor in family disruption, especially marital functioning (Dunn et al., 1987). While the drinking of in-home drinkers was related to better marital satisfaction, out-of-home drinking was related to worse marital satisfaction.

Two studies of family culture and alcoholism transmission have been conducted (Wolin et al., 1980; Bennett et al., 1987). In the first, the extent of disruption of family rituals was significantly associated with differential transmission: Those families which had retained their family rituals (i.e., dinners, holiday, vacations, etc.) intact during the period of heaviest parental drinking evidenced less transmission than those families which had their rituals substantially altered during the growing-up years of the now-adult children.

In the second study of the adult, married offspring of alcoholics, several factors were found to be important in distinguishing between those couples who were alcoholic and those who were not. As in the earlier study, stability of family rituals in the childhood and adolescent years of the adult offspring was an important factor in transmission, especially for males and especially with regard to dinner times. An additional and core finding was that those couples who were highly deliberate in planning and executing an ideal plan for family rituals and interactions in their own family were significantly less likely to be alcoholic themselves than were those couples who were low on deliberateness. Thus, this research suggests that certain characteristics of the family culture can mediate between whatever predisposing factors FHP adults have to become alcoholic themselves, placing them ultimately at greater or lesser risk for transmission.

Personality

Most studies have looked at the personality characteristics of groups of alcoholics without reporting on their family history (Graham and Strenger, 1988). Recently, however, some studies have examined the relationship between FHP adult alcoholics and personality. A constellation of personality variables describing FHP individuals has yet to be identified, although some evidence suggests that certain personality characteristics, more so than family history, may affect alcoholic outcome. For instance, Hesselbrock et al. (1985) examined 169 male alcoholics with an average age of 39 with regard to the presence of antisocial personality. In their study, the presence of antisocial personality in the alcoholic affected the course of alcoholism more than a positive family history of alcoholism.

Berkowitz and Perkins (1988) presented data from a survey of 860 undergraduates which examined the relationship between personality characteristics and the presence of familial alcoholism. They found that some differences in personality between children of alcoholics and children of nonalcoholics were gender-related. Female children of alcoholics reported more self-depreciation than female children of nonalcoholics. In the study, self-depreciation was defined as a measure of depression and low self-esteem. Male children of alcoholics rated themselves as more directive (seeking of leadership positions), autonomous (independent), and needing social support (reliance on other individuals) than the male children of nonalcoholics. More importantly, male and female children of alcoholics were similar to children of nonalcoholics on measures of impulsiveness, lack of tension, other-directedness, directiveness, the need for social support, and sociability. They discussed these findings in terms of both the risks and resiliencies associated with growing up in alcoholic homes. Furthermore, the similarity between the children of alcoholics and the children of nonalcoholics indicates that many aspects of personality functioning are not directly attributable to the ACoA experience.

Current arguments endorse the notion that in order for alcoholism to develop in FHP individuals, it is necessary for a combination of certain personality traits revolving around a constellation of antisocial behaviors to be present. Tarter (1988) also argues elegantly that certain types of personality and heritable behavioral dispositions, such as temperament, may predispose FHP individuals towards substance abuse. He suggests that there is evidence that antisocial and neurotic personality characteristics interact with temperamental variables such as activity level, emotionality, and sociability in reducing or increasing the expression of vulnerability towards substance abuse in FHP individuals.

General Studies of Adapation

There have been many other studies on FHP individuals which can best be described as generalized studies of adaptation due to the inclusion of many different types of variables. These studies examine such behaviors as adjustment, affect, self-esteem, and interpersonal awareness. One of the best representatives of this type was recently completed by Clair and Genest (1987). They examined the present adjustment of a group of college-aged FHP individuals, looking at measures of depression-proneness, self-concept, and coping responses towards stress. Most FHP individuals perceived the problems they faced as beyond their control, they used more emotion-focused than problem-focused coping strategies, and they were more prone to depression. Most FHP individuals, however, were performing at normal or even above normal levels of functioning. They found that "moderator" variables, such as level of familial dys-

function, social support, and coping behaviors, helped contribute to the individual's level of present functioning.

Recently Benson and Heller (1987) studied the adjustment patterns of daughters of alcoholics who had not been treated in a clinic for alcoholism, substance abuse, or mental illness. Four groups were compared: 114 daughters of alcoholic or problem-drinking fathers, 15 females with both parents who were alcoholic or problem drinkers, 81 females whose fathers did not have alcohol or psychological problems, and 30 females of psychiatrically distressed fathers. Among other tests, the women completed four self-reports measuring: (1) tendency towards alcohol problems, (2) neuroticism, (3) depression, and (4) psychopathology.

None of the women were alcoholic or problem drinkers. Daughters of alcoholic and problem-drinking fathers had higher scores on the tests measuring psychiatric distress, neuroticism, and psychopathology compared with the daughters of normal fathers. The daughters of alcoholics, however, were not more depressed than the other groups. It is important to note one key finding: there were no differences between daughters of drinking fathers and daughters of psychiatrically disturbed fathers. The authors concluded that while some differences between daughters of alcoholics and daughters of nonalcoholics exist, these differences are not unique because daughters of psychiatrically disturbed fathers showed similar adjustment patterns to the daughters of alcoholic fathers.

Other work has been done which examines alcoholic typology by looking at subtypes of alcoholics. Two subtypes of alcoholics have been described by Cloninger et al. (1981). One of these subtypes (Type 2) is described as highly heritable (thus dependent on a family history positive for alcoholism). Type 2 alcoholics are typically men whose fathers were frequently treated for alcoholism and even associated with criminal activity. Type 2 alcoholics also show recurrent (moderate to severe) problems with alcoholism. Type 1 alcoholics are described as milieu-limited, i.e., the alcoholism is more dependent upon environmental context. The biological fathers of Type 1 alcoholics show mild alcohol abuse, minimal criminality, and are infrequently treated for alcoholism. Type 1 alcoholics usually have mild or isolated problems associated with their alcoholism.

FUTURE PERSPECTIVES

Current Progress

Whether we label someone as an adult child of an alcoholic or as being FHP for alcoholism is irrelevant for evaluating the dynamics between parental alcoholism and the functioning of the adult offspring.

The fact remains that adults who were raised by alcoholic parents have had different developmental experiences than adults who were not raised by alcoholic parents. Furthermore, the possible inheritance of a genetic predisposition towards alcoholism may place them at greater risk for alcoholism. If the genes are not directly expressed in one generation, they may nevertheless be passed on to future generations of children. For both experiential and biological reasons, adult children of alcoholics are a population at risk. The following considers two types of treatments which are currently being used to address some of the needs of adult offspring of alcoholics.

Group Therapy. There is little research focusing on treatment of adult offspring of alcoholics. Cermak and Brown (1982), however, described a successful group treatment approach they have used with adult children of alcoholics. The approach is modeled after the one described by Yalom (1970), who advocates the distribution of written, detailed summaries of the group meeting to all of the group participants. When the therapist makes his summaries available to the group members, it accomplishes several goals. It increases the interaction and communication both among the group members and between the individual and the therapist. The psychotherapy experience also is demystified, making the therapist-patient relationship more egalitarian.

Using this group therapy technique, Cermak and Brown (1982) made several interesting observations about the common therapeutic issues among adult children of alcoholics. They summarize these issues as conflicts with control, trust, personal needs, responsibility, and feelings. They attribute the conflicts in these areas to the coping styles modeled by the alcoholic parent and the effect of the family alcoholism. In their preliminary report of this particular psychotherapeutic technique, they were able to work effectively with ACoAs. Cermak and Brown (1982) reported that positive changes towards adaptive behavior (rather than maladaptive behavior) for many of the ACoA group members were realized.

Family Therapy. Until recently, concurrent group therapy sessions constituted the main family therapy orientation employed with alcoholics and their families. This approach stipulated that the alcoholic meet with other alcoholics and that the other family members—often wives—meet with the non-alcoholic members from other families. Very rarely were conjoint therapeutic sessions held with the alcoholic and other family members together. In fact, family therapy as an overall clinical approach developed separately from alcoholism treatment, and only in the past decade and a half have the two joined forces. At least three orientations are currently used as a means of involving family members in the therapeutic process: conjoint family therapy, multiple couples group therapy, and conjoint hospitalization (Steinglass et al., 1987).

According to Steinglass and his colleagues, the combining of family systems perspectives with alcoholism treatment has a great deal to offer alcoholic families. While outcome studies are clearly preliminary in nature, clinical reports and studies demonstrate that family therapy is at least as effective as alternative methods of treatment. There is strong evidence that when nonalcoholic spouses take part in a treatment program, the chances are greatly increased that the alcoholic will also participate in treatment. To date, no particular family therapy approach to alcoholism has dominated the field. In fact, notions from the individually-oriented alcoholism treatment approaches developed earlier are typically being applied to families in treatment.

Steinglass argues strongly for a family systems approach to alcoholism treatment in which the following distinctions are made early in the treatment process. First, the entire family is assessed as a unit and a determination is made as to whether it is an "alcoholic family" or a "family with an alcoholic member." In the former, "alcoholism and alcohol-related behaviors have become central organizing principles for family life" and "a treatment program that leads to a cessation of drinking on the part of the family's alcoholic member will...have profound implications at almost every level of family life." (1987, p. 333). Additionally, they propose a Family Life History model for working with both of these family types. The family is identified as being in early, middle, or late phases of its family development, and this distinction becomes a major consideration for determining the goals and course of treatment.

CONCERNS FOR THE NEXT GENERATION

There are many different issues for adult children of alcoholics to address and it is difficult to prioritize their order of importance. First, issues brought forward by the grass roots movement need to be substantiated in order to invest our valuable prevention resources. Second, there is a rapidly increasing treatment industry which has, despite the lack of research, responded to these issues with the promise of effective treatment and recovery. Without the necessary evaluation, however, in the long run they may over-promise positive results to a large and needy group of individuals.

One of the more important issues speaks to the changing patterns of alcoholism. Increasingly, alcoholism co-occurs with other types of substance abuse behavior. What effects will the combination of alcoholism and other substance abusing behaviors have on etiological studies of alcohol abuse? What types of environments will dual dependency create for the offspring?

Reich et al. (1988) has also presented data on secular trends in alcoholism which suggest that more women are becoming alcoholic at younger ages. Many of these females are probably from alcoholic

homes themselves. These changing secular trends have profound implications for the children who grow up in the families of young, alcoholic women. Especially relevant, of course, would be the increasing chance for the higher incidence of Fetal Alcohol Syndrome among the children of these women. There are also important psychological influences that would affect the children of young, female alcoholics. Very young children exposed to maternal alcoholism must cope with the practical issues which may face them, like eating and health care. Similarly, normal developmental challenges, such as tying a shoe or learning how to play with one's peers, may be disrupted because of the early onset of alcoholism in the mother, who is frequently the primary caretaker.

As in our first pamphlet, we caution against overgeneralization of findings due to the early stages of the research. This is especially true for those studies using small sample sizes and specific types of individuals. In a field which is growing faster at the grass roots level than it is at the scientific level, over-generalization of findings may tend to confuse rather than clarify.

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(212) 949-1404

National Clearinghouse for Alcohol and Drug Information
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Rockville, MD 20852
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New York, NY 10010

Re-Parenting
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McLean, VA 22101

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or
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Greenbelt, MD 20770

Adult Children of Alcoholics Central
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